

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HONOLULU, HAWAII

Legal Ad Date: December 16, 2005

**REQUEST FOR PROPOSALS
NO. PSD 06-HCD-18**

**MOBILE DENTISTRY SERVICES
FOR THE ISLAND OF HAWAII
HEALTH CARE DIVISION**

December 16, 2005

REQUEST FOR PROPOSALS

**MOBILE DENTISTRY SERVICES FOR THE ISLAND OF HAWAII
RFP No. PSD 06-HCD-18**

The Department of Department of Public Safety, Health Care Division, is requesting proposals from qualified applicants to provide general dental services to inmates detained in the State's correctional institutions. The contract term will be for a two-year period commencing on the date indicated on the Notice to Proceed. A single contract will be awarded under this request for proposals.

Proposals must be postmarked by US mail before midnight on February 24, 2006 or hand delivered by 4:30 p.m., Hawaii Standard Time (HST) at the drop off site that is designated on the following page.

Proposals postmarked after midnight on February 24, 2006 or hand delivered after 4:30 p.m. HST on February 24, 2006 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The Health Care Division will conduct an orientation on January 30, 2006 at 10:00 a.m., HST, at the Hawaii Community Correctional Center, Conference Room, 600 Punahale, Hilo, Hawaii. The Health Care Division will also conduct an orientation on January 31, 2006 from 2:00 to 3:00 p.m., HST, at 919 Ala Moana Boulevard, Room 404, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on February 3, 2006. All written questions will receive a written response from the State by February 10, 2006.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Ms. Deb Stampfle at 919 Ala Moana Blvd., Room 407, or may be made by telephone to (808) 587-3381.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND THREE (3) COPIES OF THE PROPOSAL ARE REQUIRED.
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**ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00 MIDNIGHT,
February 24, 2006**

All Mail-ins and Drop Off Site
COORDINATOR

Department of Public Safety
Planning, Programming and Budget Office
919 Ala Moana Blvd., Room 413
Honolulu, Hawaii 96814

PSD RFP

Ms. Deb Stampfle
For further info. or inquiries
Phone: 587-3381
Fax: 587-3378

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE
UNTIL 4:30 P.M., February 24, 2006.**

**BE ADVISED: All mail-ins postmarked USPS after 12:00 midnight, February 24,
2006, will not be accepted for review and will be returned.**

**Hand deliveries will not be accepted after 4:30 p.m., February 24,
2006.**

**Deliveries by private mail services such as Fedex shall be considered
hand deliveries and will not be accepted if received after 4:30 p.m.,
February 24, 2006.**

COMPETITIVE POS

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Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Public Safety, State of Hawai'i
 Procurement and Contracts Office
 Planning, Programming & Budget
 919 Ala Moana Boulevard., Room 413
 Honolulu, Hawaii 96814
 Phone: (808) 587-1236; Facsimile: (808) 587-1244

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	December 16, 2005
Distribution of RFP	December 16, 2005
RFP orientation session	January 30, 2006 Hilo January 31, 2006 Oahu
Closing date for submission of written questions for written responses	February 3, 2006
State purchasing agency's response to applicants' written questions	February 10, 2006
Proposal submittal deadline	February 24, 2006
Proposal evaluation period	March 1 –8, 2006
Provider selection and award	March 10, 2006
Notice of statement of findings and decisions (approx. date)	March 17, 2006
Contract start date	Date indicated on the Notice to Proceed

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on Monday, January 30, 2006 at 10:00 a.m., at the Hawaii Community Correctional Center, Conference Room, 600 Punahale, Hilo, Hawaii. An orientation for applicants will also be held on Tuesday, January 31, 2006 at 10:00 a.m., at 919 Ala Moana Boulevard, Room 404, Honolulu, Hawaii. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions) in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 4:30 p.m. H.S.T., on February 3, 2006. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicant written questions will be sent by February 10, 2006.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application Instructions, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov/>

Click on *Health and Human Services, Chapter 103F, HRS Procurements*

Click on *Provider Lists*

Click on [The List of Registered Private Providers \(Updated 2/8/05\)](#) (for use with the Competitive (RFP) Method of Procurement or call the State Procurement Office at 587-4706.

- (4) ***Certifications*** - Federal and/or State certifications, as applicable.
- (5) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and three copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Faxed proposals and/or submission of proposals on diskette/cd or transmission by e-mail is not permitted for this RFP.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith.
(Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-

stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the POS Proposal Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Frank J. Lopez	Name: Suzanne Eghan
Title: Interim Director	Title: Administrative Services Officer
Mailing Address: 919 Ala Moana Blvd. 4 th Floor, Honolulu, Hawaii 96814	Mailing Address: 919 Ala Moana Blvd. 4 th Floor, Honolulu, Hawaii 96814
Business Address: Same	Business Address: Same

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management *(not applicable in this RFP)*
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website (see the POS Proposal Application Checklist in Section 5 of this RFP for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see the POS Proposal Application Checklist in Section 5 of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

I. Introduction

A. Background

The Department of Public Safety, Health Care Division is responsible for the provision of health care to the individuals who are incarcerated throughout the State of Hawaii. This includes medical, dental and mental health services. The island of Hawaii does not have in-house dental units. The average inmate population at the Hawaii Community Correctional Center (HCCC) is 310 and for Kulani Correctional Facility (KCF) it is 183. The HCCC facility houses both women and men of varied custody levels, while the KCF houses men of minimum custody level.

B. Purpose or Need

The Department of Public Safety, Health Care Division requires the provision of mobile dentistry for the HCCC and KCF facilities. The routine dental services required will meet the Department's Oral Care policy and procedure as well as the National Commission on Correctional Health Care Dental standards.

C. Description of the goals of the service

The service provider shall provide on site dental clinics at HCCC and KCF. The services involve general dentistry and a variety of acute and chronic oral health problems, including but not limited to restorative and prophylactic services. Inmate patients are screened and referred by the facility nurses.

The Health Care Division will provide the clinical space. The service provider will provide all of the necessary equipment and dental supplies. The service provider shall record all evaluations, dental care, and treatments provided in the patients' individual facility dental records. The service provider shall be subject to the policies and procedures of the Health Care Division.

D. Description of the target population to be served

The Department of Public Safety, Health Care Division, seeks general dental services for inmates detained in the State's correctional institutions at HCCC and KCF.

E. Geographic coverage of service

The required dental services shall be provided at HCCC and KCF, both on the island of Hawaii.

F. Probable funding amounts, source, and period of availability

The funds allocated for this contract is \$200,000 for each year of the contract, subject to the availability of funds after June 30, 2006.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website (See Section 5, POS Proposal Checklist, for the website address).

1. Applicants shall have:
 - a. A DDS or DMD degree;
 - b. A current Hawaii dental license;
 - c. Practice experience in an institutional setting, preferred but not required;
 - d. Experience in correctional dentistry, preferred but not required (significant correctional dentistry experience during training will be considered); and
 - e. A minimum of two recent references.
2. Service provider shall be responsible for providing all necessary equipment and dental supplies necessary for providing dental services to inmates at correctional facilities on the island of Hawaii. Applicant shall show proof of availability of portable dental equipment.
3. Service provider shall not be an employee of the State of Hawaii, Department of Public Safety.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards:

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

The service provider shall enter into contract for the two-year period commencing upon the date indicated on the Notice to Proceed. Unless terminated, the contract may be extended for not more than three additional twelve-month periods or portions thereof without the necessity of rebidding, if mutually agreed upon in writing.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Ms. Deb Stampfle, Clinical Services Branch Administrator
Department of Public Safety, Health Care Division
919 Ala Moana Blvd., Rm. 407
Honolulu, Hawaii 96814
Phone: (808) 587-3381 Fax: (808) 587-3378

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1. Service provider shall provide dental services at a minimum of four (4) days a month to inmates at the following facilities on the island of Hawaii.
 - a. Hawaii Community Correctional Center (HCCC)
 60 Punahale Street
 Hilo, Hawaii 96720
 Point of Contact: Sonja Gumbs
 Phone: 933-0428
 - b. Kulani Correctional Facility (KCF)
 HC-01 Stainback Highway
 Hilo, Hawaii 96720
 Point of Contact: Sarah Linfoot
 Phone: 935-2280
2. Service provider shall:
 - a. Provide general dental services and education related to oral health and hygiene according to *the Department of Public Safety, Health Care Division, Policy and Procedures for Oral Care* attached hereto as Attachment C.
 - b. Examine and diagnose dental and oral diseases.
 - c. Render indicated treatment for oral and dental diseases, including but not limited to oral diagnoses, dental prostheses, restorative dentistry, oral surgery, treatment of pain and infection in the oral cavity, taking of x-rays, and prescription medications according to the Department of Public Safety policies and procedures.
 - d. Maintain records of all care and treatment rendered according to the Department of Public Safety format.
 - e. Contractor shall be responsible for payment on all referrals.
 - f. Be familiar with and adhere to the Department's policies and procedures relating to Oral Care.
 - g. Review quarterly dental staff meeting minutes to keep abreast of all current practices of dentistry in the correctional system and express concerns to the Health Care Division Administrator.

3. The service provider shall receive general supervision from the Department's Health Care Administrator.
4. Lockdowns
 - a. Scheduled Lockdowns: Service provider will be notified in advance of scheduled lockdowns. Service provider shall arrange with the facility's health care section to have patients called out ahead of the scheduled lock down, so that dental services will be provided on a continuous basis.
 - b. Unscheduled Lockdowns: The service provider shall be paid for a minimum of two (2) hours show-up time, but shall be required to utilize this time by doing internal audits on dental procedures and documentations.
5. Travel Time. Service provider shall not be paid for travel time.
6. Service provider shall sign in and out on the attendance sheet at each health care section. Time submitted shall be verified against this sheet.
7. Additional Hours. Dentist shall work only the allocated hours for each facility. Written permission from the Health Care Administrator shall be obtained before working additional hours.

B. Management Requirements (Minimum and/or mandatory requirements)

1) Personnel

The Provider and/or Sub-Provider shall notify each of its employees as well as employees of any subcontractors who provide services to any person committed to the custody of the Director of Public Safety for imprisonment pursuant to Chapter 706, Hawaii Revised Statutes (HRS), including a probationer serving a term of imprisonment pursuant to Section 706-624(2)(a), HRS and a misdemeanor or petty misdemeanor sentenced pursuant to Section 706-663, HRS, about the Hawaii Revised Statutes Section 707-731 relating to sexual assault in the second degree and Section 707-732, relating to sexual assault in the third degree. In addition, the Provider and any subcontractor shall maintain in each of the aforementioned employees and employees of any subcontractors' file, written documentation that the employee has received notice of the statutes.

The Provider and/or Sub-Provider shall employ staff that is suitable to deal with these offenders. The Provider and/or Sub-Provider shall not use persons currently serving a criminal sentence, including any on furlough from a correctional facility, on probation, on parole, or under the terms of a DAG/DANC plea. Any employee with a criminal history shall be subject to review and approval by the Department. The Department of Public Safety will review and agree to the employment of the service provider's staff and sub-providers, in writing. Upon request, the Provider and/or Sub-Provider shall submit any information necessary to determine whether approval will, at the discretion of the Department, be granted. Any changes to staff and/or Sub-Providers shall be subject to the prior written approval of the Department.

2) Administrative

- a. Service provider shall operate their program in accordance with the rules, regulations, and policies of the Department of Public Safety.
- b. Service provider is required to meet the qualifying requirements specified in Chapter 103F, Hawaii Revised Statutes.
- c. Service provider shall maintain and show proof of a liability insurance policy of at least one million dollars. The Department of Public Safety shall be named as an additional insured and shall be notified at least thirty (30) days prior to cancellation.

3) Quality assurance and evaluation specifications

This section is not applicable to this RFP.

4) Output and performance/outcome measurements

This section is not applicable to this RFP.

5) Reporting requirements for program and fiscal data

- a. Service provider shall ensure that the facility nurse records on Form DOC 0417, "Refusal to Consent to Medical or Surgical Treatment", (Attachment D) any inmate's refusal for treatment.

- b. Service provider shall submit quarterly reports of dental services rendered using Form DOC 0431b (Attachment C). Service provider shall submit three months of Dental Statistics Monthly reports on a quarterly basis along with a written summary.

6) Pricing structure or pricing methodology to be used

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

7) Units of service and unit rate

Pricing Structure Based on Unit of Service – Negotiated

Pricing shall be based on a fee schedule/unit of service pricing structure or a capitated, per patient per month rate, for services described in the Department of Public Safety's Policies and Procedures relating to Oral Care, Attachment C. The rates submitted shall be subject to negotiation.

Service provider shall submit monthly itemized invoices, original and three copies, which detail the following:

1. Inmate name;
2. Facility of inmate;
3. Procedures completed;
4. Date of the procedure; and
5. Charge amount

The service provider shall not be compensated for downtime. However, once a visit is scheduled, the nurse supervisor shall make every effort to ensure that enough inmate patients are available on the list.

If a lockdown is scheduled, the visit will be rescheduled and the service provider shall be notified in a timely manner. The service provider shall check with the facility before reporting in to work in case of an unscheduled lockdown.

Section 3

POS Proposal Application Instructions

General instructions for completing applications:

- POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (for the website address see the Competitive POS Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Background and Summary

This section is not applicable to this RFP.

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

B. Quality Assurance and Evaluation

This section is not applicable to this RFP.

C. Coordination of Services

This section is not applicable to this RFP.

D. Facilities

This section is not applicable to this RFP.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

This section is not applicable to this RFP.

B. Staff Qualifications

This section is not applicable to this RFP.

C. Supervision and Training

This section is not applicable to this RFP.

D. Organization Chart

This section is not applicable to this RFP.

IV. Service Delivery

The Service Delivery Section shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Please discuss and attach sample reports indicating the dental work provided to each inmate. This report shall be provided to the Department on a timely basis.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

Pricing Structure Based on Negotiated Unit of Service Rate

In order to determine a price (unit rate) for a unit of service, the applicant and state purchasing agency negotiate the total costs (including agency administration) for operating a program at a specific capacity and divide by the total number of units of service that the program can produce at that capacity.

Applicant shall submit a fee schedule by procedure or an estimated fee to provide the services listed under Attachment C. All rates shall include all costs associated with carry out the terms of the contract, and all applicable taxes. The State reserves the right to negotiate with the applicant on any or all fees proposed.

All budget forms, instructions and samples are located on the SPO website (see the POS Proposal Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the POS Proposal Application:

Budget forms are not required with this RFP.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

Evaluation Categories

Possible Points

Mandatory Requirements

Pass or Rejected

POS Proposal Application

100 Points

Background and Summary	Not applicable
Experience and Capability	20 points
Personnel: Project Organization and Staffing	Not applicable
Service Delivery	40 points
Financial	40 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) *Administrative Requirements*

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

(2) *POS Proposal Application Requirements*

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Background and Summary (*Not applicable to this RFP*)
- Experience and Capability
- Personnel: Project Organization and Staffing (*Not applicable to this RFP*)
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)

(1) *Background and Summary*

Not Applicable to this RFP

(2) *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

(3) *Personnel: Program Organization and Staffing*

Not Applicable to this RFP

(4) *Service Delivery (40 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

(5) Financial (40 Points)

Pricing structure based on negotiated unit of service rate

- Competitiveness and reasonableness of unit of service rate, as applicable
- Applicants proposal budget is reasonable, given program resources and operational capacity.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5 **Attachments**

Attachment

Document

- | | |
|---|---|
| A | Competitive POS Application Checklist |
| B | POS Proposal Application - Sample Table of Contents |
| C | Department of Public Safety, Health Care Division, Policy and Procedures for Oral Care. |

Proposal Application Checklist

Applicant: _____

RFP No.: **PSD 06-HCD-18**

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state-purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Certificate of Liability Insurance			With Proposal	


Authorized Signature

Date

Proposal Application

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III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
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	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

	DEPARTMENT OF PUBLIC SAFETY		EFFECTIVE DATE: 05/12/2003	POLICY NO.: COR.10.1E.06
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		SUPERSEDES (Policy No. & Date): COR.10D.15 01/09/98	
	SUBJECT: ORAL CARE			Page 1 of 5

No. 2003-468

1.0 PURPOSE

To provide oral care to inmates under the direction and supervision of a dentist licensed in the State.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. HRS, Section 26-14.6, Department of Public Safety, and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care Standards for Prisons and Jails, (2003), Oral Care.
- c. American Dental Association.
- d. American Correctional Association Standards for Adult Local Detention Facilities, (1991), dental Screening and Examination.
- e. Department of Public Safety Policy and Procedures Manual, COR.10A.16, Inmates Requesting Private Medical Care Provider.
COR.10.1G.11, Prostheses
COR.10.1H.05, The Transfer of Medical Records.

.2 Definitions

- a. Universal Dental Recording System: A mean of identifying teeth by number.
- b. Prosthetics: Artificial devices to replace missing body parts; in this case, dentures, bridges, etc.

3.0 POLICY

- .1 Dental examinations and treatments for inmates shall be performed by, and under the direction and supervision of, a dentist licensed to practice in the State of Hawaii.

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR.10.1E.06
		EFFECTIVE DATE: 05/12/2003
		Page 2 of 5

- .2 Dental care of inmates shall be timely and includes immediate access for urgent or painful conditions. The inmate's serious urgent and emergent dental needs shall be met.

4.0 PROCEDURES

- .1 Dental screening of newly admitted inmates shall occur within fourteen (14) days of admission into the Department of Public Safety (PSD) jail facilities and seven (7) days after admission to prison facilities. Inmates who transfer from one PSD facility to another who received a dental screen while at the sending facility do not require a new screening at the receiving facility if the documentation in the dental record is received within the 14 to 7 days respectively.
- .2 The dental screening shall include visual observation of the teeth and gums, noting any gross abnormalities which require immediate referral to a dentist. Health staff with documented training by a dentist can perform dental screens. The screening shall be recorded in the dental record.
- .3 Instructions in oral hygiene and preventive oral education are given within one (1) month of admission by a dentist, dental hygienist, or health staff with documented training by a dentist.
- .4 A dentist shall perform a dental examination on all inmates within thirty (30) days of admission to a PSD prison facility and within one (1) year of admission to a PSD jail facility. Inmates who transfer from one PSD facility to another who received a dental screen while at the sending facility do not require a new examination at the receiving facility if the documentation in the dental record transfers with the inmate.
- Inmates who are re-admitted and who received a dental examination and treatments within the past year do not require a new examination unless so determined by the supervising dentist.
- .5 Dental examinations shall include taking the patient's dental history, and extraoral head and neck examination, charting of teeth and examination of hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination. The examination results shall be recorded on Form DOC 0424 Dental Examination (Attachment A) utilizing a number system, such as the Universal Dental Recording System (e.g., 1-32, A -T).

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR.10.1E.06
		EFFECTIVE DATE: 05/12/2003
		Page 3 of 5

- .6 Oral treatment shall be prioritized for emergencies, acute injuries to the teeth, acute injuries to the oro-facial complex, infection control, pain management, proper mastication and maintaining the patients' health status.
- .7 Bitewing x-rays and additional radiographs may be taken at the time of the patient's first treatment appointment and thereafter as indicated.
- .8 Each inmate shall have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual.
- .9 Extractions shall be performed in a manner consistent with community standards of care and adhering to the American dental association's clinical guidelines. Extractions are limited to the following:
 1. Non-restorable teeth;
 2. Periodontally compromised teeth; and
 3. Severe, acute or chronic infection.

Informed patient consent for extractions is required on DOC 0427, Consent to Operation, Post Operative Care, medical Treatment, Anesthesia or Other Procedure (Attachment B).
- .10 Inmates can seek private dental care at their own expense under COR.10A.16, Inmates Requesting Private Medical Care Provider. For security reasons, dental staff should encourage the private provider to come to the facility to provide the services. Approval for private provider care must be approved by the Correctional Health Care Administrator or designee.
- .11 Medical reviews of any inmates to be transferred to another correctional facility shall include consideration of any pending dental work. Should an inmate's pending transfer involve a facility at which an institutional dentist is not readily available and the inmate has major uncompleted dental work pending, the inmate shall not be transferred until dental services have been completed.
- .12 All dental records shall be confidential. These records shall be maintained for all patients and shall include as indicated the:

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR.10.1E.06
		EFFECTIVE DATE: 05/12/2003
		Page 4 of 5

- a. Dental Treatment Record, DOC 0409 (Attachment C).
 - b. Dental Health Questionnaire, DOC 0411 (Attachment D).
 - c. Refusal to consent to Medical/Surgical Treatment/Medication, DOC 0417 (Attachment E).
 - d. Dental Examinations.
 - e. Consent to Operation, Post Operative..., DOC 0427, (Attachment B).
 - f. Perio Chart.
 - g. Dental Problem Sheet, DOC 0475 (Attachment F).
 - h. Medical Needs Memo, DOC 0449 (Attachment G).
 - i. Consultation Record, doc 0406 (Attachment H).
 - j. X-rays.
- .13 When an inmate transfers to another PSD facility, the dental record shall be packed with the medical record and transferred according to P & P COR.10E.03, The Transfer of Medical Records.
 - .14 Dental records shall be notated in S-O-A-P or problem oriented format. All notes shall include the client's complaint, the examination, the diagnostic impression, and the treatment and treatment plans.
 - .15 Form DOC 0406 Consultation Record shall accompany the inmate to an outside dental referral. DOC 0406 will also be used when a dental consultant comes to the facility. The Consultation Record and the consultant's report shall be filed in the Consultation Index of the medical record. A copy of the consultation Record and consultant's report shall be filed in the dental record.
 - .16 All dental staff shall practice universal infection controls and infection controls. Infection control practices are defined by the American Dental Association and the Centers for Disease control and Prevention as including sterilizing

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR-10.1E-06
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instruments, disinfecting equipment, and properly disposing of hazardous waste.

No inmate shall be denied dental treatment because of an infectious condition.

- .17 Reviews of dental services will be included in the PSD health services quality assurance program as described in P & P COR.10A.05, Quality Improvement Program.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Kay A. Bauman
Medical Director
5/21/03
Date

Verly J.
Correctional Health Care Administrator
4/3/03
Date

Frank D. Dwyer
Deputy Director for Corrections
5.10.03
Date

APPROVED:

James L. Spivey
Director
5/12/03
Date

CATEGORY CLASSIFICATION: _____



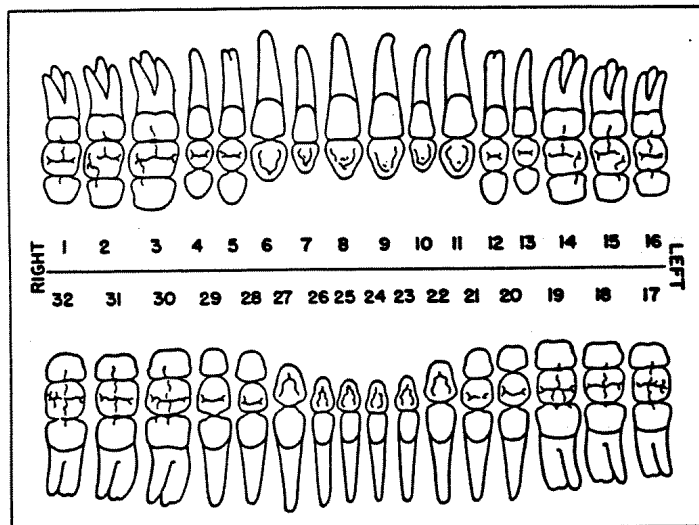
FACILITY _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
DENTAL EXAMINATION**

NAME _____ D.O.B. _____ SSN _____

Date Admitted _____ Exam Date _____

Medical Alert _____



Classifications:

Plaque _____

Stain _____

Calculus deposits _____

Slight _____ Mod _____ Severe _____

Gingiva _____

Recession _____

Periodontal Condition _____

Prosthetics: FUD FLD PUD PLD _____

B. EXTRAORAL INSPECTION

Normal

Abnormal

COMMENTS: _____

Face

Head

Neck

Lymph Nodes

TMJ

C. ORAL INSPECTION

Lips

Vestibule

Mucosa

Pharynx

Tonsils

Gingiva

Palate

Tongue

Floor of the Mouth

Attachment B

CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA, OR OTHER PROCEDURE Patient: _____ SSN: _____ DOB: _____ Facility: _____ Date: _____

You have the right and obligation to make decisions concerning your health care. The physician must provide you with the information and advice concerning the proposed procedure so that you can make an informed decision.

(1) Explain the nature of the condition(s) in professional and ordinary language. Any section below which does not apply to the proposed treatment may be crossed out. All sections crossed out must be initialed by both the physician and the patient.

PROFESSIONAL: _____

ORDINARY LANGUAGE: _____

AT _____

(2) Describe procedures(s) to be performed in professional and ordinary language, if appropriate.

PROFESSIONAL: _____

ORDINARY LANGUAGE: _____

AT _____

(3) I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia, or other procedure, unforeseen conditions may necessitate my above-named physician and his or her assistants, to perform such surgical or other procedures as are necessary to preserve my life and bodily functions.

(4) I have been informed that there are many significant risks, such as severe loss of blood, infection, cardiac arrest and other consequences that can lead to death or permanent or partial disability, which can result from any procedure.

(5) No promise or guarantee has been made to me as to result or care.

(6) I consent to the administration of (general, spinal, regional, local) anesthesia by my attending physician, by an anesthesiologist, a nurse anesthetist, or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks that may result in complications and possible serious damage to such vital organs as the brain, heart, lungs, liver and kidney.

These complications may result in paralysis, cardiac arrest and related consequences or death from both known and unknown causes.

(7) I consent to the use of transfusion of blood and blood products as deemed necessary. I have been informed of the risks which are transmission of disease, allergic reactions, and other unusual reactions.

(8) Any tissue or part surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

(9) Any additional comments may be inserted here:

(10) I have had the opportunity to ask questions about this form.

FULL DISCLOSURE

[] I AGREE TO AUTHORIZE THE PROCEDURE DESCRIBED ABOVE AND I AGREE THAT MY PHYSICIAN HAS INFORMED ME OF THE:

- DIAGNOSIS OR PROBABLE DIAGNOSIS.
- NATURE OF THE TREATMENT OR PROCEDURE RECOMMENDED.
- RISKS OR COMPLICATIONS INVOLVED IN SUCH TREATMENT OR PROCEDURES.
- ALTERNATIVE FORMS OF TREATMENT, INCLUDING NON-TREATMENT, AVAILABLE.
- ANTICIPATED RESULTS OF THE TREATMENT.

Patient/Other Legally Responsible Person Sign, If Applicable

Date

Physician

Date

DOC 0427 (11/97)

CONFIDENTIAL

NAME: _____

[illegible]

CONFIDENTIAL

8

DENTAL HEALTH QUESTIONNAIRE

NAME: _____ SSN: _____
(LAST) (FIRST) (MI)

FACILITY: _____ DOB: _____ SID: _____

In the following questions, circle yes or no, whichever applies. Your answers are for our records only and will be considered confidential.

- | | | | |
|-----|---|-----|----|
| 1. | Has there been any change in your general health within the past year | YES | NO |
| 2. | My last dental/physical examination was on _____ | YES | NO |
| 3. | Are you under the care of a physician | YES | NO |
| | If so, what is the condition being treated _____ | YES | NO |
| 4. | Have you had any serious illness or operation | YES | NO |
| | If so, what was the illness or operation _____ | YES | NO |
| 5. | Have you been hospitalized or had a serious illness within the past 5 years | YES | NO |
| | If so, what was the problem _____ | YES | NO |
| 6. | Do you have or have you had any of the following diseases or problems: | YES | NO |
| | a. Rheumatic fever or rheumatic heart disease | YES | NO |
| | b. Heart problems (heart trouble, heart attack, coronary insufficiency, coronary occlusion, arteriosclerosis, stroke) | YES | NO |
| | c. High blood pressure | YES | NO |
| | d. Allergy | YES | NO |
| | e. Sinus trouble | YES | NO |
| | f. Asthma or hay fever | YES | NO |
| | g. Fainting spells or seizures | YES | NO |
| | h. Diabetes | YES | NO |
| | i. Hepatitis, jaundice or liver disease | YES | NO |
| | j. Arthritis | YES | NO |
| | k. Inflammatory rheumatism (painful swollen joints) | YES | NO |
| | l. Stomach ulcers | YES | NO |
| | m. Kidney trouble | YES | NO |
| | n. Tuberculosis | YES | NO |
| | o. Low blood pressure | YES | NO |
| | p. Venereal disease | YES | NO |
| | q. AIDS, HIV +, HIV- | YES | NO |
| | r. Other _____ | YES | NO |
| 7. | Have you had abnormal bleeding associated with previous extraction's, surgery, or trauma | YES | NO |
| | a. Do you bruise easily | YES | NO |
| | b. Have you ever required a blood transfusion | YES | NO |
| | If so, explain the circumstances _____ | YES | NO |
| 8. | Do you have any blood disorder such as anemia | YES | NO |
| 9. | Have you had surgery or X-ray treatment for a tumor, growth or other condition of your head or neck | YES | NO |
| 10. | Are you taking any drug or medicine | YES | NO |
| | If so, what _____ | YES | NO |
| 11. | Are you allergic or have you reacted adversely to any medicines | YES | NO |
| 12. | Have you had any serious trouble associated with any previous dental treatment | YES | NO |
| | If so, explain _____ | YES | NO |
| 13. | Do you have any disease, condition, or problem not listed above that you think I should know about | YES | NO |
| | If so, explain _____ | YES | NO |

Signature of patient & date

DOC 0411 (6/97)

CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: _____ SSN: _____ SID: _____

DOB: _____ FACILITY: _____ DATE: _____ TIME: _____

I, the undersigned patient, refuse the following treatment and/or medication: _____

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility, the Health Care Division, and its medical personnel from any responsibility whatever for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(Print Name of Patient)_____
(Signature of Patient)*_____
(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health.

(Print Name)_____
(Signature & Title)_____
(Date)

A referral has been made to the attending physician: YES NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)_____
(Signature & Title)_____
(Date)

** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)_____
(Signature & Title)_____
(Date)

DOC 0417 (3/95)

CONFIDENTIAL

STATE OF HAWAII

DEPARTMENT OF PUBLIC SAFETY

DENTAL PROBLEM SHEET

Name: _____

Facility: _____

	Problem	Date Observed	Date Completed	NOTES
1.				
2.				
3.				
4.				
5.				
6.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

DOC 0475 (6/92)

CONFIDENTIAL

MEDICAL NEEDS MEMO

Facility: _____

Date: _____

TO: _____

FROM: _____

(Signature/Title of Provider)

Inmate _____

(Print Inmate's Name)

Housed in _____

DURATION: _____ Days; _____ Weeks; _____ Months; _____ Indefinitely

Duration not to exceed three months for medication reviews for chronic illnesses.*Health Status Classification Report required if there is a significant change in health status.*

Original: UTM/ACO/Work Supervisor

Canary: Medical Record

Pink: Inmate

DOC 0449 (12/2002)

CONFIDENTIAL

S.I.D.

REASON FOR CONSULTATION:

Date _____ Requesting Physician _____ M.D.

CONSULTANT'S REPORT (HISTORY, FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

M.D.

Consultant's Signature

*Complete Form Doc 0497 if a significant change in health status has occurred.

Original: HCU
Yellow: Consultant's Copy

DOC 0406 (11/97)

CONFIDENTIAL